Grand List _____

Town of Brookfield Senior Tax Relief Program
Application

Name _____	**Total Income** _____
Location _____	**Assessment** _____
Unique ID# _____	**Date Property Purchased** _____

1. Date of Birth   _____

     If Not age 65 by December 31, **2020** are you?

       *** 100% disabled: Yes _____   No _____
       If yes, please provide current proof of disabliity if new to program

       *** Age 60 and a surviving spouse of a previously qualified applicant?   Yes _____   No _____

               If yes Name of applicant _____

2. Have you resided and paid taxes in Brookfield for at least five years prior to this application?   Yes _____   No _____

3. Do you have life use?   Yes _____   No _____

4. Did you own a home in Brookfield prior to your current address?   Yes _____   No _____

       If so, previous address_____

5. Is this property your legal domicile and will it be for at least 183 days in each Grand List Year for which you are claiming benefits?   Yes _____   No _____

6. Do you own property in any other jurisdiction?   Yes _____   No _____

       If yes, list full address _____

7. Are you receiving tax benefits or homestead program in any other jurisdiction?   Yes _____   No _____

8. Do you share ownership with anyone other than your spouse?   Yes _____   No _____

       If yes, Name _____

       Their % of Ownership _____

9. Is this property a multifamily dwelling? If yes, how many units? _____   Yes _____   No _____

10. Do you receive income from a trust or any other source not included in the financial statements provided?   Yes _____   No _____

       If yes, amount of income received? $_____

11. Is the property held in trust? **If YES, please provide a copy of trust**   Yes _____   No _____

       If yes, who is pays the taxes?   Trust _____   Owner _____

The applicant or authorized agent deposes that the above statements are true and complete and claims tax relief under provisions of the Connecticut General Statutes. The property for which tax relief is claimed, is the permanent residence/domicile of the applicant. He/she is not receiving tax benefits in any other jurisdiction. The penalty for making a false affidavit is the refund of all credits improperly taken and a fine of $500.00 or imprisonment for one year, or both. Your signature signifies that this affidavit has been read and understood.

Signed	Name	Date

FOR OFFICE USE ONLY:

Intake: Tax Assessor Rep. _____   Date _____

Processed by: Rep_____   Date_____

       Approved   ET_____   ES _____   VT _____   VS _____

       Denied   ET_____   ES _____   VT _____   VS _____   Reason_____

Final approval: Rep_____   Date _____